

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

FILED
AUG 21 2008
TERESA L. DEPPNER, CLERK
U.S. District Court
Southern District of West Virginia

Louis Thomas

31173

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg.# of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:08-1015
(Number to be assigned by Court)

wardon Davis Ballard

Dentist John Doe

medical doctor OBENZA

(Enter above the full name of the defendant
or defendants in this action).

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court
dealing with the same facts involved in this action or
otherwise relating to your imprisonment?

Yes ✓ No

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs: Louis Thomas

Defendants: warden, Huttonsville correctional, and
Potomac Highlands and mountainview corre-
ctional complex officers John Doe

2. Court (if federal court, name the district; if state court, name the county):

United States District Court Southern District of
West Virginia at Charleston

3. Docket Number: _____

4. Name of judge to whom case was assigned:

Mary E. Stanley

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

its still pending

6. Approximate date of filing lawsuit: January 1, 2008

7. Approximate date of disposition: _____

II. Place of Present Confinement: mt olive correctional complex

A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ✓ No

C. If your answer is YES:

1. What steps did you take? presented my complaint in
my state grievance procedure

2. What was the result? I was ignored

D. If your answer is NO, explain why not:

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: LOUIS THOMAS

Address: mt sideways mt olive correctional complex
25185

B. Additional Plaintiffs and Address:

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant Davis Ballard, Dentist John doe, medical doctor
O BENZA
 is employed as The Warden, Dentist John doe, medical doctor
O BENZA
 at mt side way mtolive correctional complex

D. Additional defendants: _____

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

I have been trying hard to have my bottom teeth which
bother me fixed, and my broken nose examined. Dentist
John Doe are employed under Davis Ballard who is the warden
and medical doctor ozenza is employed under Davis Ballard
also

IV. Statement of Claim (continued):

V. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would ask the court to pay me \$20,000 for my broken nose because medical doctor obenza refuses to examine it and correctional complex's are the cause.

I would also like the courts to award me \$10,000 for my Broken teeth because it was not fixed by dentist and it Bothers me

V. Relief (continued)

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes ☐

No ☒

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons: I Tried but it did not work

for me.

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes ☐

No ☒

If so, state the lawyer's name and address:

Signed this 28 day of _____, 1907. 2007

Louis Thomas

LOUIS THOMAS 31173

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
(Date)

Signature of Movant/Plaintiff

Signature of Attorney
(if any)

Louis Thomas 31173
Box 1
Mountside Way
Mount Olive W.Va 25185

Clerk, United States District Court
P.O. Box 5009,
Beckley, West Virginia 25801

COMPRESSOR
AT MOUNT OLIVE COMPLEX

25801-5009-5009

